

Washington State Behavioral Health Workforce

Policy Recommendations – Straw Proposals

Topic IV: Licensing Reciprocity & Interstate Agreements

Proposal 4.1: Continue to support Department of Health’s work implementing licensing reciprocity.

- **Policy Action:** Support expanding lists of substantial equivalency based on *both* licensing requirements (e.g. hours of supervision, years of practice, etc. required for license) and scope of practice (e.g. what can the licensee legally do in practice). Encourage development of a “missing requirements” crosswalk, which would allow behavioral health practitioners interested in relocating to Washington (and their prospective employers) to identify missing educational and hourly practice requirements.
- **Rationale:** SB 5054 required DOH to expand lists of substantial equivalency based on a scope of practice comparison for psychologists, social workers, marriage & family therapists, mental health counselors, and substance use disorder professionals. DOH conducted this work following the passage of SB 5054 and has indicated interest in expanding the lists to eventually include all 50 states.

Proposal 4.2: Engage educational institutions to fill gaps in professional development, both for existing and prospective Washington-licensed behavioral health professionals.

- **Policy Actions:**
 - Identify, disseminate, and create (as necessary) opportunities and pathways for out-of-state behavioral health professionals to become licensed by relevant Washington agencies.
 - Create online evidence-based practices (EBPs) training for community behavioral health staff, conducted by Washington experts in EBPs.
- **Rationale:** Stakeholders expressed a need for professional development and reduction of barriers to licensure for out-of-state behavioral health professionals. Established behavioral health professionals seeking to transfer existing licensure into Washington could be moved through the licensing process more quickly. Stakeholders also desire online EBP training for their staff from experts in Washington.

Proposal 4.3: Reduce paperwork requirements for established professionals.

- **Policy Action:** Consider easing academic transcript requirements and/or clinical supervision documentation for providers who meet certain criteria indicating they have been previously licensed by a determinant number of years in good standing.
- **Rationale:** Individuals who have a strong record of providing high quality behavioral healthcare, and wish to work in Washington, should be encouraged to provide these services to Washingtonians. Stakeholders reported difficulty transferring licensure or hiring employees who require licensure reciprocity due to challenges in documenting initial supervision hours/academic requirements. Specific barriers reported include: difficulty finding and making document requests to previous clinical supervisor(s) and engaging educational institutions from past decades.

Proposal 4.4: Encourage messaging that licensing portability is the goal and that interstate agreements are one possible mechanism to support licensing portability, with upsides and downsides.

- **Policy Action:** Encourage development of a workgroup, led by DOH, to consider and evaluate ways to support ongoing Congressional efforts aimed at improving interstate license portability, without reducing state autonomy.
- **Rationale:** Interstate agreements have upsides and downsides, which must be carefully evaluated. Agreements like PSYPACT have relevance during a pandemic, but local control and accountability may be attenuated under an interstate agreement framework. If increased access to care is the goal, a clear pathway from licensing portability to increased access needs to be established. Available research from nursing suggests that states joining interstate compacts may not experience a significant inflow of nurses following compact implementation.

Proposal 4.5: Develop a crosswalk of licensing portability/reciprocity requirements.

- **Policy Action:** With funds allocated, DOH should develop a crosswalk of reciprocal licensing requirements for licensed behavioral health workers moving to Washington, including education, supervised hours, and specialized training.
- **Rationale:** Workers, who are entering jobs and relocating to Washington with existing clinical licensure, need clarity on what they are permitted to do with which degrees/credentials. For example: MFTs moving from California to Washington need additional coursework to meet Washington requirements, and a crosswalk would help clarify which missing licensing requirements (course completions, supervision hours, etc.) are required for them to achieve licensure and practice in Washington.

Proposal 4.6: Engage with and consider tribal perspectives regarding reciprocity.

- **Policy Action:** Engage with tribal leaders and experts regarding how these nations address the challenges of licensing and recognition of behavioral health licensing across jurisdictional boundaries, with an eye towards learning approaches to licensing portability that could be tailored to non-tribal jurisdiction.
 - *Note: What would concrete policy action look like here? Who should be included, what format should conversations take, etc.?*
- **Rationale:** Tribal nations have laws, regulations, and policies specific to their jurisdictions. As a community, tribes are acutely affected by behavioral health concerns, at disproportionately high rates compared to non-tribal counterparts, and have specific experience working to improve access to behavioral health services, due to its longstanding concern within these communities.